	Send		Save Data		Data	Cle	ar	Print		Impor	tant Note						
TRA		EXPEN	DEPARTMENT OF PERSON ISE CLAIM	INEL ADMINIS	STRATION		tructions nent On R					Page	1of	1 Pag	es		
	NT'S NA						8	SN or EMPI	OYEE NUME	BER*			RTMENT				
POSITI	2 12 14 15 15 15 15 15	EHNE	S		CB/ID I	No.	C	IVISION or	BURFAU			DMI	IC .	INDEX NU	MBER		
	ECTO	R			NON		30	XECUT						1000	MBER		
RESIDE	NCE AD	DRESS *							TERS ADDRE		000-000			TELEPHONE NUMBER			
CITY				STATI	E ZIP CC	DF		80 9TH	STREET	, SUI	ΓE 500		STATE	322-20	12/2007		
								ACRAN	MENTO.				CA	95814			
		RK HOURS	3				(2)	PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED			
8:00 (4) MON	- 5:00	Ė)		77	0.4850	A STORY ACTORY		1 (0)	- Patrician			200000000000000000000000000000000000000		7225	7.400		
June		(6)	LOCATION	(7)	(8)	MEALS	O.T., L/T,	(9)	(10) (A)	(B)	(C)	TION	(D)	(11)	(12) TOTAL		
(5)	TIME		VHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVAT MILES	(D) TE CAR USE AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY		
1	0500	Sac to L	A	123.26	6.00	10.00	18.00			SC/ A/RC	50.50		0.00		207.76		
2	1530	Santa A	na to Sac		6.00			6.00		RC/ A/SC	30.00		0.00		42.00		
15	1100	Sac to S	an Francisco	144.85		10.00	18.00			SC	25.00		0.00		197.85		
16	1700	San Fran	ncisco to Sac		6.00	10.00		6.00		SC	8.00		0.00		30.00		
o o													0.00		0.00		
<del>1</del>													0.00		0.00		
a													0.00		0.00		
<u> </u>													0.00		0.00		
<u> </u>													0.00		0.00		
													0.00		0.00		
													0.00		0.00		
(13)													0.00		0.00		
SE X.		SUBTO		268.11	18.00	30.00	36.00	12.00	0.00		113.50	0.00	0.00	0.00	477.61		
	LUMN	CODE (A	ACCTG. USE ONLY)												91		
	20	CLAIM	TOTAL												\$477.61		
(14) PU	RPOSE (	OF TRIP, R	EMARKS AND DETAILS (Att	ach receipts/vo	ouchers when	required)						AC		COUNTING	OFFICE		
			Meeting w/McDerm										2000	SE ONLY			
			Meeting w/IAC Adv Meeting at UC Berk									PAID B	Y REVOLVIN	ig fund che	CK NUMBER		
		ting w/l															
(15)	HEREI	BY CERTIF	FY That the above is a true so e rates exceed the minimum 0, 0751, 0752, 0753 and 0754	tatement of the	e travel expen	ses incurred f operating the	by me in aco	cordance wil s equal to o	h DPA rules r greater thar	in the ser	vice of the State claimed, and that	of Califon I have m	nia. If a priva et the require	ntely owned ve ments as pres	phicle was scribed by		
CLAIMA		GNATURE	5, 9791, 9792, 9793 and 9794	Perranning 10	DATE	unu odat Deli	45%	NATURE O	F OFFICER /	APPROVI	NG TRAVEL AND	PAYME	NT D	ATE			
B					06-	19-09	M							06-19	-09		
(17) SP	ECIAL EX	KPENSE AL	UTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							D/	DATE			
700																	

	Send			Data	Cle	ar	Print		Impor	tant Note				
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	INEL ADMINIS	STRATION			s and *Pri Reverse S				Page	1 of _	1 Pag	es
	NT'S NA						SSN or EMPI	LOYEE NUMI	BER*		DEPAR DMI-	RTMENT		
POSITIO		EHNES		CB/ID	No.	2	DIVISION or	BUREAU			DIVIE	10	INDEX NU	MBER
	ECTO			NON	Ī		DIRECT						1000	
RESIDE	NCE AD	DRESS *					HEADQUAR			TE 500			TELEPHO	NE NUMBER
CITY			STAT	E ZIP CO	DDE		980 9TH city	SIKEEI	., 501	1E 300		STATE	ZIP C	ODE
			CA	956	28		SACRAN	MENTO				CA	95814	l l
(1) NOR	MAL WO	RK HOURS				(	2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED	
(4) MONT		(6)	(7)	(8)	MEALS		(9)	(10)	-7-	TRANSPORTA	TION		(11)	(12)
06	/09	WHERE EXPENSES WERE INCURRED		BREAK-		0.T., L/T. N/C, RELO		(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVAT	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES
(5) DATE	TIME	WEIGE INSCRICES	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
6-15	1319	Sac to SF							SC	4.00		0.00		4.00
i.												0.00		0.00
<del></del>					*-							0.00		0.00
<del>2</del>												0.00		0.00
<i>a</i>												0.00		0.00
												0.00		0.00
												0.00		0.00
<u> </u>												0.00		0.00
												0.00		0.00
<del>4.</del>												0.00		0.00
												0.00		0.00
(10)												0.00		0.00
(13)	***	SUBTOTALS	0.00	0.00	0.00	0.0	0.00	0.00		4.00	0.00	0.00	0.00	4.00
COI		CODE (ACCTG. USE ONLY)												\$4.00
4.0.00		CLAIM TOTAL	1 200	9 36							_			Ψ <del>1</del> .00
VARIA ADOMONIONI		of trip, remarks and details (at nded a Right Care Initiative			HOL TO BUILD DO DO TO TO	dan toll					AC	SENCY ACC	COUNTING SE ONLY	OFFICE
0-15	- Allei	nded a Right Care initiative	viceting	, III DCIKC	icy - ori	age ton					PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER
(15)	HEREI used, ai SAM Se	BY CERTIFY That the above is a true s nd if mileage rates exceed the minimum octions 0750, 0751, 0752, 0753 and 0754	tatement of th rate, I certify t pertaining to	e travel exper hat the cost ovehicle safety	nses incurred of operating t and seat bel	by me in a he vehicle v t usage.	accordance wi was equal to o	th DPA rules or greater than	in the sei	rvice of the State claimed, and that	of Califon	nia. If a priva let the require	tely owned ve ments as pres	hicle was scribed by
		GNATURE	G1 50	DATE	(16		IGNATURE 0	F OFFICER	APPROVI	ING TRAVEL AND	PAYMEI	NT DA	ATE	
(17) SP	ECIAL E	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(Soo Hom 17	On powers.	B						D/	ATE	
(17) SPI	LUIAL E	A ENGLACTIONIZATION - SIGNATUR	AL AND THE	1000 Helli 17	un reverse)								<del></del>	

STD. 262 (REV.	9/2007)					ns and *Pri n Reverse S		Page of Pages							
CLAIMANT'S NA	AME					SSN or EMPLOYEE NUMBER*  DIVISION or BUREAU					DEPARTMENT				
POSITION			CB/ID	) No.								INDEX NUMBER			
RESIDENCE AD	DDRESS *			HEADQUARTERS ADDRESS								TELEPHO	TELEPHONE NUMBER		
							-								
CITY		STAT	E ZIP C	ODE		CITY					STATE	ZIP CODE			
(1) NORMAL WO	DRK HOURS					(2) PRIVATE V	/EHICLE LICI	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED			
(4) MONTH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10) TRANSPORTA			TION		(11)	(12)		
	LOCATION WHERE EXPENSES		BREAK-		O.T., L/		(A)	(B) (C)		DDIVA	(D)	DUSINESS	TOTAL EXPENSE		
(5) DATE   TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNE	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES		EXPENSE	FOR DAY		
(13)	SUBTOTALS														
COLUMN	CODE (ACCTG. USE ONLY	")													
	CLAIM TOTAL														
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (	Attach receipts/v	ouchers whe	n required)						А	GENCY AC	COUNTING	OFFICE		
												E ONLY			
										PAID	BY REVOLVIN	IG FUND CHE	ECK NUMBE		
(15) I HERE used, a	BY CERTIFY That the above is a true and if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	statement of th	e travel expe	enses incurred	d by me in the vehicle	accordance wi	th DPA rules or greater than	in the ser	vice of the State	of Califo t I have r	rnia. If a priva	itely owned ver	ehicle was scribed by		
SAM Se CLAIMANT'S SI		54 pertaining to	vehicle safety DATE	y and seat be					NG TRAVEL AN			ATE			
>=					×										

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	Send			Data	Cle	ar	Print		Impor	tant Note				
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	INEL ADMINIS	STRATION		tructions nent On R					Page	1 of _	1 Pag	es
	ANT'S NA					S	SN or EMPI	LOYEE NUME	BER*			RTMENT	N N	
POSITI		EHNES		CB/ID	No.	C	IVISION or	BURFAU			DMH	IC	INDEX NU	MBFR
	ECTO	R		NON		400		OR'S OF	FICE				1000	
RESIDI	ENCE AD	DRESS *		1000000	<i>.</i>			TERS ADDRE		1 1 7 7 mm / 27 Fr			TELEPHO	NE NUMBER
CITY			STATI	E ZIP Co	ODE		80 9TH	STREET	, SUI	ΓE 500		STATE	322-20 ZIP C	12/09/20
CILI			SIAII	E ZIPC	JUE			MENTO.				CA	95814	
(1) NOF	RMAL WO	RK HOURS				-	**************************************	EHICLE LICE	NSE NU	MBER	(3) MIL	EAGE RATE	1000 V 100 U 10	960
(4) MON	TH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
06/2	2009	LOCATION WHERE EXPENSES	}	BBENG		0.T., L/T,		(A)	(B)	(C)		(D)		TOTAL
(5) DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	E CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY
06/25	7:30pm		123.86			18.00						0.00		141.86
6/26	8:30am	San Diego		6.00			6.00					0.00		12.00
6/27	3:00pm	San Diego		6.00	10.00		6.00	20.00	T			0.00		42.00
	10:30pm	San Diego To Sacramento							A/PC			0.00		0.00
06/29	6:00am	Sacramento to Los Angeles		6.00				41.00	SC/A T			0.00		47.00
	6:30pm	Los Angeles to Sacramento							A/SC	15.00		0.00		15.00
-												0.00		0.00
9												0.00		0.00
V.												0.00		0.00
												0.00		0.00
<del>,,</del>												0.00		0.00
(13)	20											0.00		0.00
- X		SUBTOTALS	123.86	18.00	10.00	18.00	12.00	61.00		15.00	0.00	0.00	0.00	257.86
		CODE (ACCTG. USE ONLY) CLAIM TOTAL												\$257.86
(14) PU	IRPOSE (	OF TRIP, REMARKS AND DETAILS (Att	ach receipts/vo	ouchers when	required)						۸,	SENCY ACC	COUNTING	OFFICE
MARIE AGOMONIA		ntinuation of trip from Was	y da akan ayaan ka ahatay ahaan ka		PROCESSION OF STREET						AC		COUNTING E ONLY	OFFICE
06/26	6 - Atte 7 - Atte	ended CAPG Conference in ended CAPG Conference in	n San Die n San Die	go go							PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER
06/29	- Atte	ended CALPSAB Board M	eeting at	Health C	are Partn	ers in Lo	s Angel	es						
Pleas	se note	: The Director parks in sh	ort-term p	oarking, a	as a reasc	nable acc	commod	lation						
(15)	SAM Se	BY CERTIFY That the above is a true s nd if mileage rates exceed the minimum ections 0750, 0751, 0752, 0753 and 0754	tatement of the rate, I certify to pertaining to	vehicle safety	nses incurred of operating to and seat bel	by me in acc he vehicle wa t usage.	cordance wi s equal to o	th DPA rules or greater than	in the sei	vice of the State claimed, and that	of Califon	nia. If a priva et the require	tely owned ve ments as pres	hicle was scribed by
CLAIM.	ANT'S SI	GNATURE		07/	/03/09	(16) SIG	NATURE C	F OFFICER /	APPROVI	NG TRAVEL AND	D PAYMENT DATE			
	ECIAL EX	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							D/	ATE.	